PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/695,390			ing Date 29/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	LED	NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A		]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A		]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A			N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mi	nus 20 = *	•		П	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	minus 3 = *				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE i	If the specification and drawing sheets of paper, the application \$250 (\$125 for small entity additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							П			]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		]	TOTAL		
									L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	11/18/2009	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUS PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 16	Minus	<b></b> 32		= 0	П	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 1	Minus	4		= 0	П	x \$ =		OR	X \$220=	0	
M	Application Size Fee (37 CFR 1.16(s))						П						
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAININ AFTER AMENDME	VG	HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))		Minus				П	x \$ =		OR	x \$ =		
Δ	Independent (37 CFR 1,16(h))	*	Minus	***		=	П	x \$ =		OR	x \$ =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))						П			ı			
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 16	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

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